

health, Welfare Public Service

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

3075

STATE FILE NUMBER

679

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

300 3
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital		Length of stay in lb	STREET ADDRESS 6428 Hancock Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle F. Last Schumann			4. DATE OF DEATH Month Jan. Day 20 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24, 1902	9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Surety Fords		11. BIRTHPLACE (City and state or country) Galveston, Texas	
13. FATHER'S NAME John Schumann			14. MOTHER'S MAIDEN NAME Marguerite Schumann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-07-4721		17. INFORMANT Address Elsie E. Schumann 6428 Hancock Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Chronic Myocarditis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 422.2					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 11th to Dec. 22nd and last saw that him alive on Dec 22nd, 1956. Death occurred at 4:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank Demko (Degree or title) M.D.			22b. ADDRESS 1319 So. Bdway.		22c. DATE SIGNED 1-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 23, 1957		23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	
23d. LOCATION (City, town, or county) (State) - St. Louis County, Mo.					
24. FUNERAL DIRECTOR Hornmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo			25. DATE RECD. BY LOCAL REG. JAN 22 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD -msb

(Licensed Embalmer's Statement on Reverse Side)

A.S.U

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Bill C. Brannon*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.